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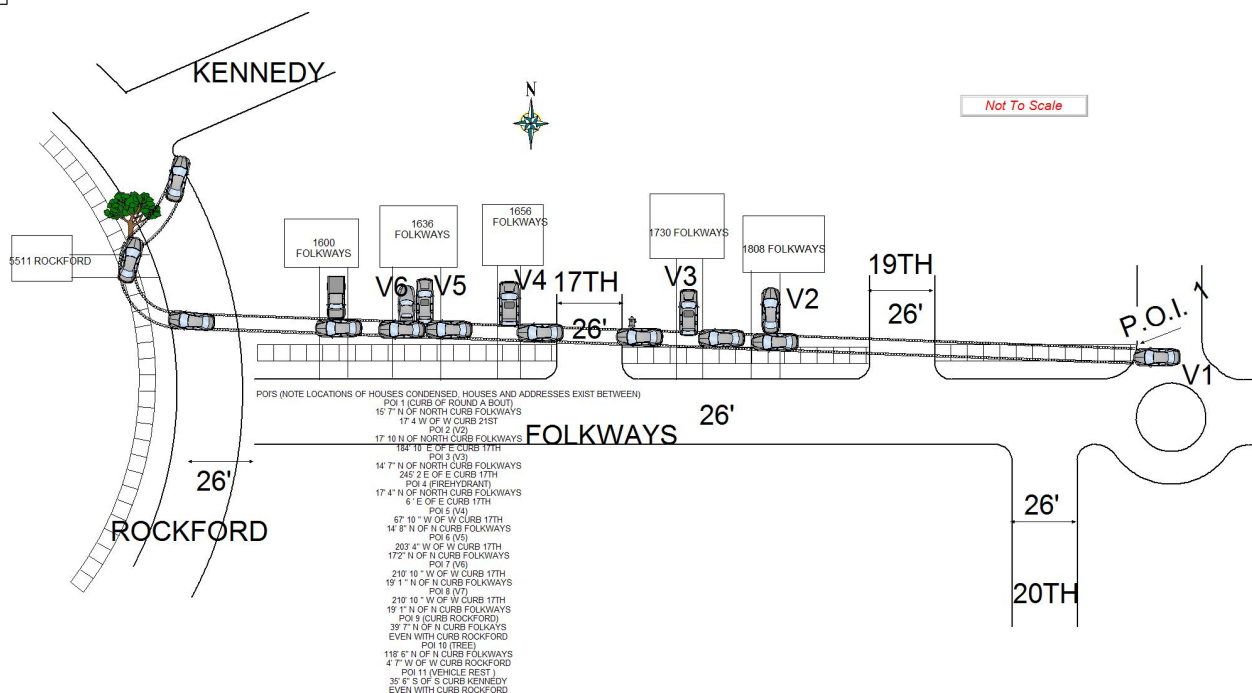
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 9

7	Total Number of Vehicles	Local No./ District 131	Agency Case No. B6-042425	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/15/2016		TIME OF ACCIDENT 1300	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1304	05/16/2016		
B	68	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 21ST FOLKWAYS TO ROCKFORD/ KENNED			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
		MULTIPLE					
V1/M	16	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	G02192213		STATE (Of License)	NE SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	
V1/N	1	DRIVER	TIMOTHY L NIEDERHAUS		PHONE	402-477-5139	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP 918 CHARLESTON ST APT 1, LINCOLN, NE 68508		DATE OF BIRTH (MM / DD / YYYY)	08/19/1949	
G	2	OWNER	TIMOTHY NIEDERHAUS		PHONE	402-477-5139	
H	4	OWNER ADDRESS	CITY, STATE, ZIP 918 CHARLESTON #1, LINCOLN, NE 68508		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/O	4	LICENSE PLATE	PA NO. TSK323	YEAR (Plate Expires)	2017	STATE (Of Plate) NE	
V2/O	1	VEHICLE	1998	MAKE Ford	MODEL TAURUS	BODY STYLE 4 door Sedan	
V1/O	4	VEHICLE ID NO. (VIN)	1FAFP52S4WG144934		COLOR tan	ESTIMATED DAMAGE <input checked="" type="checkbox"/> TOALED \$	
V2/O	1	TOWED TO	CITY LOT		TOWED BY CAPITAL TOWING	POLICY NO. 104 8843-D10-27A	
VEHICLE NO. 2							
I	1	DRIVER LICENSE NO.			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	4	DRIVER	PARKED		PHONE	LOCAL NO.	
V2/P	8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	01	OWNER	STEVEN W WROUGHTON-W-M-5-19-57		PHONE	402-890-5933	
V1/Q	1	OWNER ADDRESS	CITY, STATE, ZIP 1808 FOLKWAYS BLVD, LINCOLN, NE 68521		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V2/Q	3	LICENSE PLATE	PA NO. TWG148	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V1/Q	1	VEHICLE	2009	MAKE Pontiac	MODEL G/5	BODY STYLE 4 door Sedan	
V2/Q	3	VEHICLE ID NO. (VIN)	1G2AS18H997141088		COLOR silver / chrome	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 1000	
K	13	TOWED TO			TOWED BY	POLICY NO. 29-1-5482605-3	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	1	NAME	DARLENE NIEDERHAUS 2425 FOLKWAYS #236, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY)	03/04/1929	
		LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME	Lincoln Fire & Rescue	
					EMS RUN REPORT NO.		
VEH. #		NAME	ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #		NAME	ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



V1 was WB on Folkways, traversing the round-a-bout at 21st at which time it left the road on the right and drove down the sidewalk. It struck V2 and V3, and continued to hit the fire hydrant at 17th/ Folkways NE corner. V1 continued WB along the sidewalk and struck V4, then V5 which was pushed into V6. Still WB V1 hit V7 and swerved as it was crossing Rockford drive turning to the right. The vehicle swerved over the W curb of Rockford and as it came back to Rockford NB it hit and sheared off a tree about 6 inches in diameter in front of 5511 Rockford. The vehicle crossed the street and came to a stop after hitting the curb on the E side of Rockford. Witness had observed the start of the incident as V1 had exited the round-a-bout and headed W down the sidewalk. D1 was not sure where he was and didn't seem to know what happened. Ofc. determined from medical bracelet that he has epilepsy. LFR did check the party out. Passenger and Injured party ...

PROPERTY	OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE		
	FIRE HYDRANT		CITY OF LINCOLN 555 S 19TH, LINCOLN, NE 68508						\$ 1200		
WITNESSES	OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE		
	RUTS AND DAMA		ROBERT I SKOLNICK-W/M/11-1-55 1626 FOLKWAYS, LINCOLN, NE 68521				402-326-6401		\$ 500		
VEHICLE MOVEMENT BEFORE COLLISION	NAME		ADDRESS						PHONE		
	RONALD MAHRT-W/M/05-02-1954 1847 FOLKWAYS, LINCOLN, NE 68521								402-742-7450		
VEHICLE MOVEMENT BEFORE COLLISION	NAME		ADDRESS						PHONE		
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH NO. N S E W ROAD OR HIGHWAY NAME						1		2		VEH 1 3 VEH 2 0	
1 X FOLKWAYS						1		2		ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian	
2 X DRIVEWAY						1		2		ALCOHOL LEVEL TESTED Y N X Y N X Y	
1 01		06 Turning left				1		2		BAC LEVEL	
2 10		07 Making U-turn				1		2		ALCOHOL/ DRUGS SUSPECTED Driver No. 1 Driver No. 2	
01 Essentially straight ahead		08 Entering traffic lane				1		2		1 Neither alcohol nor drugs suspected	
02 Backing		09 Leaving traffic lane				1		2		2 Yes - alcohol suspected	
03 Changing lanes		10 Parked				1		2		3 Yes - drugs suspected	
04 Overtaking/Passing		11 Slowing or stopped in traffic				1		2		4 Yes - alcohol & drugs suspected	
05 Turning right		12 Other				1		2		5 Unknown	
13 Unknown						1		2			
OFFICER NO.		TROOP/ TEAM/ BEAT		DEPARTMENT						Photographs taken?	
1438		7		Lincoln Police Department						YES NO	
INVESTIGATOR NAME (Print or Type)				INVESTIGATOR SIGNATURE				DATE OF REPORT		05/16/2016	
Jesse Hilger				Approved by Officer Jesse Hilger							

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 9

Local No./
District 131

Agency
Case No. B6-042425

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/15/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 21ST FOLKWAYS TO ROCKFORD/ KENNEDY

VEH. #	VEHICLE NO. 3										VEH. #
3	DRIVER LICENSE NO.		STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		3		
M	DRIVER PARKED										1.
01	PHONE LOCAL NO.										18
N	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY)										2.
1	OWNER WADE J FRANK-W/M/12-28-70 PHONE 402-560-6988 LOCAL NO.										3.
O	OWNER ADDRESS CITY, STATE, ZIP CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO CITATION NO.										4.
2	1730 FOLKWAYS, LINCOLN, NE 68521										5.
P	LICENSE PLATE PA NO. TWG614		YEAR (Plate Expires) 2016		STATE (Of Plate) NE		3				
8	VEHICLE YEAR 2003 MAKE Pontiac MODEL SE1 BODY STYLE 4 door Sedan COLOR white ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 3500		18								
Q	VEHICLE ID NO. (VIN) 1G2NF52E03C311008		INSURANCE COMPANY STATE FARM								6.
3	TOWED TO TOWED BY POLICY NO. 109 3415-B17-27										

VEH. #	VEHICLE NO. 4										VEH. #
4	DRIVER LICENSE NO.		STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		4		
M	DRIVER PARKED										1.
01	PHONE LOCAL NO.										18
N	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY)										2.
1	OWNER JAMES AVERILL-W/M/7-3-63 PHONE 402-432-1745 LOCAL NO.										3.
O	OWNER ADDRESS CITY, STATE, ZIP CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO CITATION NO.										4.
2	1656 FOLKWAYS BLVD, LINCOLN, NE 68521										5.
P	LICENSE PLATE PA NO. TEG649		YEAR (Plate Expires) 2016		STATE (Of Plate) NE		3				
8	VEHICLE YEAR 2014 MAKE Jeep MODEL PLT BODY STYLE Medium/large COLOR white ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 3000		18								
Q	VEHICLE ID NO. (VIN) 1C4NJPF3ED647237		INSURANCE COMPANY PROGRESSIVE UNIVERSAL								6.
3	TOWED TO TOWED BY POLICY NO. 903491976										

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)												
3	X				DRIVEWAY				VEHICLE 3				VEHICLE 4				VEH 3 0 VEH 4 0				
4	X				DRIVEWAY				VEHICLE 3				VEHICLE 4				ALCOHOL TESTING				
3	10	06 Turning left				POINT OF IMPACT 04				POINT OF IMPACT 04				1 None used - vehicle occupant				ALCOHOL LEVEL TESTED			
4	10	07 Making U-turn				MOST DAMAGED AREA 04				MOST DAMAGED AREA 04				2 Lap & shoulder belt used				BAC LEVEL			
01 Essentially straight ahead					08 Entering traffic lane				00 None				3 Shoulder belt only used				Driver No. 3 Driver No. 4				
02 Backing					09 Leaving traffic lane				01				4 Lap belt only used				1				
03 Changing lanes					10 Parked				02				5 Child safety seat used				2 Yes - alcohol suspected				
04 Overtaking/ Passing					11 Slowing or stopped in traffic				03				6 DOT approved helmet used				3 Yes - drugs suspected				
05 Turning right					12 Other				04				7 Costume helmet used				4 Yes - alcohol & drugs suspected				
					13 Unknown				05				8 Restraint use unknown				5 Unknown				

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F			
VEH. #	NAME ADDRESS					LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.				
VEH. #	NAME ADDRESS					LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.				
VEH. #	NAME ADDRESS					LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.				

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-042425

PROPERTY	OBJECT DAMAGED DAMAGE RUTS THROUGH YARD	OWNER NAME JENNIFER J HERMSEN-W/F/6-9-76	ADDRESS 1616 FOLKWAYS, LINCOLN, NE 68520	PHONE 402-304-5964	APPROX. COST OF DAMAGE \$ 500
	OBJECT DAMAGED DAMAGE AND RUTS THROUGH YARD	OWNER NAME RILEY T SANDALL-W/M/6-26-88	ADDRESS 1600 FOLKWAYS, LINCOLN, NE 68521	PHONE 402-430-9761	APPROX. COST OF DAMAGE \$ 500
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1438		TROOP/ TEAM/ BEAT 7		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Jesse Hilger			INVESTIGATOR SIGNATURE Approved by Officer Jesse Hilger		DATE OF REPORT 05/16/2016

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 5 of 9

Local No./
District 131

Agency
Case No. B6-042425

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/15/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 21ST FOLKWAYS TO ROCKFORD/ KENNEDY

VEH. #	VEHICLE NO. 5										VEH. #		
5	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	5	
M	DRIVER PARKED										PHONE	LOCAL NO.	1.
01	DRIVER ADDRESS										CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	18
N	OWNER JOAN SPEICHER-SIMPSON-W/F/1-13-56										PHONE 402-475-3568	LOCAL NO.	2.
1	OWNER ADDRESS 1634 FLOKWAYS, LINCOLN, NE 68521										CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	19
O	1634 FLOKWAYS, LINCOLN, NE 68521										CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	3.
P	LICENSE PLATE NO.		YEAR 2013		MAKE Suzuki		MODEL SX4		BODY STYLE Medium/large		COLOR bronze	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$	4.
8	LICENSE PLATE NO.		YEAR 2013		MAKE Suzuki		MODEL SX4		BODY STYLE Medium/large		COLOR bronze	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$	5.
Q	VEHICLE		YEAR 2013		MAKE Suzuki		MODEL SX4		BODY STYLE Medium/large		COLOR bronze	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$	18
3	VEHICLE ID NO. (VIN)		JS2YBSA33D6100847								INSURANCE COMPANY SAFECO INS CO		6.
TOWED TO		TOWED BY								POLICY NO. Z4776959			

VEH. #	VEHICLE NO. 6										VEH. #		
6	DRIVER LICENSE NO.						STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	6	
M	DRIVER PARKED										PHONE	LOCAL NO.	1.
01	DRIVER ADDRESS										CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	19
N	OWNER JOAN SPEICHER-SIMPSON-W/F/1-13-56										PHONE 402-475-3568	LOCAL NO.	2.
O	OWNER ADDRESS 1634 FOLKWAYS BLVD, LINCOLN, NE 68521										CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	3.
P	1634 FOLKWAYS BLVD, LINCOLN, NE 68521										CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	4.
8	LICENSE PA NO.		RYP478		YEAR 2017		MAKE Ford		MODEL MUS		COLOR yellow	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 4000	5.
Q	VEHICLE		YEAR 2001		MAKE Ford		MODEL MUS		BODY STYLE Convertible		COLOR yellow	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 4000	19
3	VEHICLE ID NO. (VIN)		1FAPF44421F131106								INSURANCE COMPANY SAFECO INS CO		6.
TOWED TO		TOWED BY								POLICY NO. Z4776959			

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 5				RESTRAINT USE VEHICLE 5				TOTAL OCCUPANTS VEH 5 0 VEH 6 0				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 5				VEHICLE 6				ALCOHOL TESTING			
5	X				DRIVEWAY				VEHICLE 5				VEHICLE 6				Driver No. Driver No.			
6	X				DRIVEWAY				VEHICLE 5				VEHICLE 6				ALCOHOL LEVEL TESTED			
5	10	06 Turning left			POINT OF IMPACT 04				POINT OF IMPACT 03				1 Deployed - front				1 None used - vehicle occupant			
6	10	07 Making U-turn			MOST DAMAGED AREA 11				MOST DAMAGED AREA 03				2 Deployed - side				2 Lap & shoulder belt used			
01 Essentially straight ahead				08 Entering traffic lane				02 03 04				3 Deployed - both front/side				3 Shoulder belt only used				
02 Backing				09 Leaving traffic lane				01 05				4 Not deployed				4 Lap belt only used				
03 Changing lanes				10 Parked				08 07 06				5 Not applicable/ No airbag available				5 Child safety seat used				
04 Overtaking/ Passing				11 Slowing or stopped in traffic								6 Unknown				6 DOT approved helmet used				
05 Turning right				12 Other												8 Costume helmet used				
																9 Restraint use unknown				

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME				ADDRESS						Seat Position	Eject	Body Region	Injury Sev.	Trans.		
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.						

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-042425

PROPERTY	OBJECT DAMAGED RUTS THROUGH YARD AND TREE	OWNER NAME DAVID V MARREEL-W/M/5-19-55	ADDRESS 5511 ROCKFORD, LINCOLN, NE 68521	PHONE 402-489-8665	APPROX. COST OF DAMAGE \$ 1000
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1438		TROOP/ TEAM/ BEAT 7		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Jesse Hilger			INVESTIGATOR SIGNATURE Approved by Officer Jesse Hilger		DATE OF REPORT 05/16/2016

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 7 of 9

Local No./
District 131

Agency
Case No. B6-042425

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/15/2016

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 21ST FOLKWAYS TO ROCKFORD/ KENNEDY

VEH. #	VEHICLE NO. 7										VEH. #
7	DRIVER LICENSE NO.		STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		7		
M	DRIVER PARKED					PHONE		LOCAL NO.			
01	DRIVER ADDRESS					CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		18	
N	OWNER RILEY T SANDALL-W/M/8-26-88					PHONE 402-430-9761		LOCAL NO.			
1	OWNER ADDRESS 1600 FOLKWAYS, LINCOLN, NE 68521					CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.			
2	LICENSE PLATE PA NO. HNTNCZN					YEAR (Plate Expires) 2016		STATE (Of Plate) NE		4.	
P	VEHICLE		YEAR 2011	MAKE Chevrolet	MODEL 2SK	BODY STYLE Pickup truck	COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 1000		5.	
3	VEHICLE ID NO. (VIN) 3GCPKSE39BG314333		INSURANCE COMPANY FARMERS MUTUAL					POLICY NO. AU30867		18	
TOWED TO TOWED BY POLICY NO.											

VEH. #	VEHICLE NO. 8										VEH. #
8	DRIVER LICENSE NO.		STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		8		
M	DRIVER					PHONE		LOCAL NO.			
N	DRIVER ADDRESS					CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		1.	
O	OWNER					PHONE		LOCAL NO.			
P	OWNER ADDRESS					CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.			
Q	LICENSE PLATE NO.		YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$		5.	
VEHICLE		INSURANCE COMPANY									6.
VEHICLE ID NO. (VIN)		POLICY NO.									
TOWED TO		TOWED BY									

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 7				RESTRAINT USE VEHICLE 7				TOTAL OCCUPANTS VEH 7 0 VEH 8				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 7				VEHICLE 8				ALCOHOL TESTING			
7		X			DRIVEWAY				POINT OF IMPACT 01				POINT OF IMPACT				ALCOHOL LEVEL TESTED			
8									MOST DAMAGED AREA 01				MOST DAMAGED AREA				BAC LEVEL			
7	10	06 Turning left 07 Making U-turn 08 Entering traffic lane			00 None				02 03 04				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				Driver No. 7 Driver No. 8			
8		09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown			01 02 03 04 05 06 07 08				VEHICLE 8				VEHICLE 8				ALCOHOL/ DRUGS SUSPECTED			
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right				06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F	
VEH. #	NAME					ADDRESS							Seat Position	Eject	Body Region	Injury Sev.	Trans.	
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.									
VEH. #	NAME					ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.									
VEH. #	NAME					ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.									

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-042425

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1438		7	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Jesse Hilger			Approved by Officer Jesse Hilger		05/16/2016

98774

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 9 of 9

Local No./
District 131

Agency	
Case	
No.	B6-042425

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

05/15/2016

PLACE OF ACCIDENT

COUNTY

Lancaster

CITY Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

21ST FOLKWAYS TO ROCKFORD/ KENNEDY

from V1 is the mother of Driver V1. She confirms he had a seizure. She said he blacked out and she was screaming at him and trying to get hold of and control of the steering wheel. She complained of pain, likely from seat belt and airbag and was transported to the hospital. Driver V1 went with her.

OFFICER NO.

1438

TROOP/ TEAM/ BEAT	7
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7

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

Jesse Hilger

INVESTIGATOR SIGNATURE

Approved by Officer Jesse Hilger

DATE OF
ACCIDENT

05/16/2016